ppropriate District Ottoba ISTRICT I 'O. Box 1980, Hobbe, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

d 1-1-89

Well API No.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II '.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		_					Mell VL				
Oryx Energy Company							30-	<u>025-2178</u>	7		
Address										<b>\</b>	
P. O. Box 1861, Midlar	ıd. Te	xas 797	702								
Reason(s) for Filing (Check proper box)	<u> </u>				Other	(Please explain	1)				
New Well		Change in	Тгавиро	rter of:						ĺ	
	Oil		Dry G							į	
veconthieron =	Casinghea		Conde	_							
							D 106	1 Midla	nd Tav	25 79702	
if change of operator give name	Sun Ex	plorat	ion	& Produc	tion Co	., P. O.	ROX 100	I, FIIGIA	ild, iez		
and the same of th									State		
IL DESCRIPTION OF WELL A	ND LE	ASE	T=				Vind of	Lease		ase No.	
Lease Name		1		lame, Includin	_		State, F	ederal or Fee	NM442	,	
J. P. Collier		3	Bag	ley Perm	io Penn,	North			111442		
Location								•		ļ	
Unit LetterC	: 81	.0	Feet F	rom TheN	orth Line	and1980	) Fee	t From The	West	Line	
<u> </u>			="							1	
Section 10 Township	11-	·S	Range	33-E	, N	MPM,				County	
III. DESIGNATION OF TRANS	PORTE	ER OF O	IL AN	ND NATUE	RAL GAS					<del></del>	
Name of Authorized Transporter of Oil	ΓX	or Conde			Address (Giv	e address to wh	ich approved	copy of this for	m is to be se	nt)	
Amoco Pipe Line Company 2300 Cont							t. Nat'l. Bank Bldg.				
Name of Authorized Transporter of Casing			or Dr	y Gas 🔲	Address (Giv	e address to wh	ich approved	copy of this for	rm is 10 be se	nt)	
Warren Petroleum Comp					-	Box 1589					
		Sec.	Twp.	Rge.		y connected?	When		,		
give location of tanks.	went produces on or industry						<u>, , , , , , , , , , , , , , , , , , , </u>				
If this production is commingled with that f	F		<u> </u>		ng order mim	her					
If this production is comminged with that I  IV. COMPLETION DATA	rom any o	rifet legge of	poor, g	A & CONTRIBUTED	ing order man					•	
IV. COMPLETION DATA		Oil We	<del>.                                    </del>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	IOII WE	" !	Cas wen	1	1	1	1		1	
		1 2 2 2 2 2 2			Total Depth		<del></del>	P.B.T.D.			
Date Spudded	Date Cor	npl. Ready	to Piod.		1000 2000			1.5.1.5.			
				<del></del>	Top Oil/Gas	Day		Tubing Dont			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth		
									Depth Casing Shoe		
Perforations								Depui Casin	g 200e		
								<u> </u>			
		TUBINO	J, CAS	SING AND	CEMENT	ING RECOR	D				
HOLE SIZE	C	ASING &				DEPTH SET			ACKS CEN	ENT	
HOLL SIZE	<del>                                     </del>										
	<del>                                     </del>										
	<del> </del>										
	<del>                                     </del>			-	<del>                                     </del>						
THE OFFICE PARTY AND DEOLIE	CT EAD	ALLOV	VARI	F	<u> </u>		ni ni minima				
V. TEST DATA AND REQUE OIL WELL (Test must be after	OI FUR	Canal makes	e of lo	ad oil and mus	the equal to d	or exceed top all	lowable for th	is depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be after			ie oj ioc	2 02 4.2	Producing N	Method (Flow, p	ump, gas lift,	etc.)			
Date First New Oil Run To Tank	Date of	162				.,	1,0				
					Casing Pressure			Choke Size	Choke Size		
Length of Test	Tubing	Tubing Pressure				Casing I Icasaire					
					Water - Bbis.			Gas- MCF	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Mater - Ro	Water - Bolk					
	1.										
GAS WELL									•		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Formal Flore Test - MICE/ID	Bai		•	-,							
	Tubing	Descript (S	hut-in)		Casing Pre	ssure (Shut-in)		Choke Size			
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)											
<u> </u>					┦┌──						
VL OPERATOR CERTIFIC	CATE (	OF CON	<b>MPLI</b>	ANCE		OIL CO	NSER\	/ATION	DIVISI	ON	
I hereby certify that the rules and regulations of the Oil Conservation					- 11	OIL OO	NOLIT				
Division have been complied with and that the information given above						JUN 1 9 1989					
is true and complete to the best of my knowledge and belief.					Da	te Approv	ed		11 4 0		
$(\mathcal{O}_{\mathcal{O}}}}}}}}}}$						ORIGINAL SIGNED BY JERRY SEXTON					
Maria L. terus							ORIG	DISTRICT	I CHDED//I	SOR	
Signature	(	F-			∥ Ву			DISTRICT	JUPERVI		
Maria L. Perez		<u></u> ` <u></u> ` <u>A</u>		<u>ntant</u>	11						
Printed Name			Ti		Tit	le					
4-25-89	· 	915-68									
Date		•	Telepho	ne No.							
						100					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.